

State of Hawaii
Department of Health
Adult Mental Health Division

Request for Proposals

RFP No. 420-4-06

**Outpatient Treatment and Clubhouse
Services for the Waianae Coast**

March 3, 2006

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

March 3, 2006

REQUEST FOR PROPOSALS

OUTPATIENT TREATMENT AND CLUBHOUSE SERVICES
FOR THE WAIANAE COAST
RFP No. HTH 420-4-06

The Department of Health, Adult Mental Health Division is requesting proposals from qualified applicants to provide outpatient treatment and clubhouse services for the Waianae Coast. The contract term will be from July 1, 2006 through June 30, 2007.

Proposals shall be mailed and postmarked by the United State Postal Service on or before April 3, 2006, or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on April 3, 2006, at the drop-off site designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Adult Mental Health Division will conduct an orientation on March 10, 2006 from 10:00 a.m. to 12:00 p.m. HST, at Kinau Hale Building, Room 205, 1250 Punchbowl Street, Honolulu, Hawaii. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:00 p.m. HST on March 17, 2006. All written questions will receive a written response from the State on or about March 24, 2006.

Inquiries regarding this RFP should be directed to the RFP contact person Ray Gagner 1250 Punchbowl Street, Room 256, Honolulu, Hawaii 96816, telephone: (808) 586-4688, fax: (808) 586-4745 (email rlgagner@amhd.health.state.hi.us).

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 11
THE 11 COPIES MUST INCLUDE ONE (1) SIGNED ORIGINAL AND ONE (1)
SINGLE SIDED, UNBOUND COPY.

ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS)
NO LATER THAN

April 3, 2006
and received within 10 days

All Mail-ins

Department of Health
Adult Mental Health Division
P.O. Box 3378
Honolulu, Hawaii 96801-3378

DOH RFP COORDINATOR

Ray Gagner
For further info. or inquiries
Phone: 586-4688
Fax: 586-4745

ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITES UNTIL 4:30 P.M., Hawaii
Standard Time (HST) April 3, 2006.

Drop-off Site

Oahu:

Department of Health
Adult Mental Health Division, Room 256
Kina'u Hale
1250 Punchbowl Street
Honolulu, Hawaii

BE ADVISED: All mail-ins postmarked by USPS after **April 3, 2006**, and not received within 10 days will be rejected.

Hand deliveries will **not** be accepted after **4:30 p.m., HST, April 3, 2006.**

Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will not be accepted if received after **4:30 p.m., HST, April 3, 2006.**

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Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	<u>3/3/06</u>
Distribution of RFP	<u>3/3/06</u>
RFP orientation session	<u>3/10/06</u>
Closing date for submission of written questions for written responses	<u>3/17/06</u>
State purchasing agency's response to applicants' written questions	<u>3/24/06</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u> </u>
Proposal submittal deadline	<u>4/3/06</u>
Discussions with applicant after proposal submittal deadline (optional)	<u> </u>
Final revised proposals (optional)	<u> </u>
Proposal evaluation period	<u>4/7/06 –</u>
	<u>4/13/06</u>
Provider selection	<u>4/13/06</u>
Notice of statement of findings and decision	<u>4/17/06</u>
Contract start date	<u>7/1/06</u>

II. Website Reference

The State Procurement Office (SPO) website is www.spo.hawaii.gov

	For	Click
1	Procurement of Health and Human Services	"Health and Human Services, Chapter 103F, HRS..."
2	RFP website	"Health and Human Services, Ch. 103F..." and "RFPs"
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	"Statutes and Rules" and "Procurement of Health and Human Services"
4	Forms	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Forms"
5	Cost Principles	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Cost Principles"
6	Standard Contract -General Conditions	"Health and Human Services, Ch. 103F..." "For Private Providers" and "Contract Template – General Conditions"
7	Protest Forms/Procedures	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Protests"

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at www.hawaii.gov)

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	http://www.hawaii.gov/tax/ click "Forms"
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	http://www.capitol.hawaii.gov/ , click "Bill Status and Documents" and "Browse the HRS Sections."
10	Department of Commerce and Consumer Affairs, Business Registration	http://www.hawaii.gov/dcca click "Business Registration"

III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

IV. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

V. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

**Adult Mental Health Division
Department of Health
1250 Punchbowl Street, Room 256
Honolulu, Hawaii 96813
Phone (808) 586-4688 Fax: (808) 586-4745**

VI. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

**Date: March 10, 2006 Time: 10:00 a.m. – 12:00 p.m.
Location: Kinau Hale Bldg., 1250 Punchbowl Street, Room 205, Honolulu,
 Hawaii 96813**

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VII. Submission of Questions).

VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: March 17, 2006 **Time:** 4:00 p.m. HST

State agency responses to applicant written questions will be provided by:

Date: March 24, 2006

VIII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website (See page 1-2, Websites Referred to in this RFP. Refer to the Proposal Application Checklist for the location of program specific forms.

- 1. Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
- 2. Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
- 3. Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
- 4. Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
- 5. Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, subparagraph III.A.1, Administrative Requirements, and the Proposal Application Checklist (located in Section 5) to determine whether the tax clearance is required at time of proposal submittal for this RFP. Tax clearance application

may be obtained from the Department of Taxation website. (See paragraph II, Website Reference.)

- B. Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist located in Section 5.
- C. Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website. (See paragraph II, Website Reference.)
- E. Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations unincorporated associations and foreign insurance companies be register and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. (See paragraph II, Website Reference.)
- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

G. Proposal Submittal - Proposals must be postmarked by USPS and received within ten days of the date designated on the Proposal Mail-In and Deliver information sheet or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Proposals shall be rejected when:

- postmarked after the designated date; or
- postmarked by the designated date but not received within 10 days; or
- If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

IX. Discussions with Applicants

A. Prior to Submittal Deadline. Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.

B. After Proposal Submittal Deadline - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

X. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XI. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XII. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XIII. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked by the date and time specified by the state purchasing agency and received within ten days or hand delivered by the date and time specified by the state purchasing agency. Final revised proposals shall be rejected when:

- Postmarked after the designated date; or
- Postmarked by the designated date but not receive within ten days or
- If hand carried, received after the designated date and time.

If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit-only the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XVI. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202 and 3-142-203 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVII. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website. (See paragraph II, Website Reference.) Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome I. Fukino, M.D.	Name: Amy Yamaguchi
Title: Director of Health	Title: Administrative Officer
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801-3378	Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801-3378
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813

XX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XXI. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

XXII. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See paragraph II, Website Reference). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXIII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

The Adult Mental Health Division (“DIVISION”) of the Hawaii State Department of Health (“DEPARTMENT”) is responsible for coordinating public and private human services into an integrated and responsive delivery system for mental health needs. Provision of direct services to consumers in the public sector is offered through programs offered by the Community Mental Health Centers (“CENTERS”) and the Hawaii State Hospital (“HOSPITAL”). In addition, the DIVISION contracts on a purchase of service basis with private providers for mental health services to supplement the efforts of the CENTERS and the HOSPITAL.

For purposes related to this RFP, the basic functions or responsibilities of the DIVISION include:

1. Defining the services to be provided to consumers by the applicant;
2. Developing the rules, policies, regulations, and procedures to be followed under the programs administered by the department;
3. Procuring, negotiating, and contracting with selected applicants;
4. Determining initial and continuing eligibility of consumers;
5. Enrolling and disenrolling Consumers;
6. Reviewing and ensuring the adequacy of the applicant’s employees and providers;
7. Authorizing and determining necessity of DIVISION funded services
8. Monitoring the quality of services provided by the applicants and subcontractors;
9. Reviewing and analyzing utilization of services and reports provided by the applicants;
10. Handling unresolved consumer grievances and appeals with the applicants;
11. Certifying Medicaid Rehabilitation Option (“MRO”) providers;
12. Authorizing and paying MRO services and claims;
13. Monitoring the financial status and billing practices of applicants;
14. Identifying and investigating fraud and abuse;
15. Analyzing the effectiveness of the program in meeting its objectives;
16. Conducting research activities;
17. Providing technical assistance to the applicants;
18. Providing consumer eligibility information to the applicants;
19. Payments to the non-MRO contracted applicants; and,
20. Imposing civil or administrative penalties, monetary penalties and/or financial sanctions for violations of specific contract provisions.

Since persons who are severely and persistently mentally ill typically manifest varying levels of need for care and often experience cyclical episodes of

recurrence of the illness, a variety of service and housing options must be provided simultaneously to the individual and tailored to meet his/her current needs. Among these required services are those which must address the needs of persons when they are homeless, when they are experiencing a bout of illness or in relapse, and when services sought reflect the assumption that services provided to persons who are severe and persistent mentally ill, are community-based, are well-coordinated, and produce outcomes that benefit both the consumer and society.

B. Planning activities conducted in preparation for this RFP

A series of planning events, including needs assessment conducted in 2000, were held with mental health stakeholders (consumers, staff, private providers, advocates, and family members) to determine the range of public mental health services for persons with severe and persistent mental illness. During these meetings, views were expressed on how to improve services and achieve system-wide goals. Most importantly, input had been received for provision of comprehensive, accessible services on each island and in rural locations with a range of housing options, a choice of treatment, and rehabilitation with access to case managers, and other services after regular working hours. Based on these findings, the DIVISION has appropriated funding to provide services to consumers by contracting with purchase of service providers. These services shall reflect national standards of care and best practices and shall be based on a philosophy of recovery-focused and cultural competent treatment, psychosocial rehabilitation and other community supports.

A Request for Information was published on February 6, 2006 to solicit input on the availability of potential service providers, the staffing capabilities of providers, and culturally specific service capabilities and approaches.

U.S. Department of Justice Stipulation and Order

Since 1991, the State of Hawaii has been under a Settlement Agreement with the United States Department of Justice (“DOJ”) relative to the treatment and rehabilitation programs and services at the HOSPITAL. Since 1998, the DIVISION has been developing and implementing an array of community-based services. In May 2001, the United States District Court appointed a Special Master to oversee the activities of the HOSPITAL and resulting community services developed by the DIVISION. On January 23, 2003 the Court ordered the implementation of a Plan for Community Mental Health Services that delineates the development and implementation of community services necessary to support the discharge and transfer of patients from the HOSPITAL, and to support the diversion of individuals who would otherwise have to be admitted to the HOSPITAL. The development, implementation, integration, coordination and monitoring of all these programs and services required by both court ordered plans will require the DIVISION to generate, coordinate and constantly monitor

the systematic, uniform and accurate data and information, and the compilation of information into management reports for policy and program and/or services development.

C. Description of the goals of the service

“AMHD is deeply committed to building a system of care which is rooted and grounded in the recovery model. The cornerstone of the recovery process is the centrality of the individual, in their personal definition of meaning and purpose, and the belief that despite the ongoing presence of the illness, people continue to develop.”

Hawai'i's adult mental health service delivery system is based on the concept of recovery, that consumers can lead fulfilling lives even in the presence of a severe and persistent mental illness. Services are focused on the needs of the individual, not only on symptom relief and stabilization, but on consumer empowerment and the skills needed to lead satisfying, hopeful and contributing lives.

The goals for the services described in this RFP include, but are not limited to:

1. Lessen or eliminate debilitating symptoms of mental illness and minimize or prevent recurrent acute episodes of the illness through creative and progressive treatment interventions and empowerment of the consumer and his/her family.
2. When there is a co-occurring substance use disorder, both disorders are considered as primary and integrated dual diagnosis specific treatment is provided.
3. Ensure the consumer's basic needs and skills for sustaining community living and enhancing quality of life.
4. Realization of consumer's recovery, vocational, and personal goals.
5. Improve or establish new linkages with a variety of community services and mobilize the involvement of the consumer's support network.
6. Maintain consumer engagement in treatment in a warm, empathic, and hope instilling manner.
7. Engage individuals who would not seek or remain involved with mental health services but who would benefit from them.
8. Promote harm reduction, prevention, substance use reduction, abstinence, and recovery for clients by providing substance abuse services.

D. Description of the target population to be served

Adults with severe and persistent mental illness.

E. Geographic coverage of service

Waianae Coast on the island of Oahu

F. Probable funding amounts, source, and period of availability

The source of funding is state funds or a combination of state and federal funds. Both profit and non-profit organizations are eligible for state funds. Please note that based on the availability of funds, the amount allocated to providers who are awarded contracts may change.

The DIVISION considers itself the payor of last resort, and expects providers to obtain third party reimbursement as applicable. The DIVISION gives priority to the uninsured.

Start-up costs up to \$2,000.00 will be allowed for the purpose of setting up electronic billing, subject to approval by the DIVISION. Start-up costs should reference the purchase of software that performs the function of creating a Health Insurance Portability and Accountability Act of 1996 ("HIPAA") compliant 837, including optional fields.

The criteria for determining the amount allocated for setting up electronic billing will be based on the applicant demonstrating that they are able to submit 837 compliant claims files including DIVISION optional fields. Where software is being purchased, applicants must submit documentation from the vendor selected which includes the full purchase price of the software and supporting evidence that the software meets required specifications. Direct contact with the vendor to confirm the functionality of the product may be necessary prior to allocation of funds. Should an applicant wish to use the funding to support the costs of modifying an existing billing system, the applicant must obtain prior approval of their project plan. This plan must include milestones which demonstrate that the modifications will be completed in time to meet the electronic billing deadline referenced in this RFP. The plan must also identify personnel resources, describe the modifications planned and estimate the number of hours required to complete the project. Payment would be made upon successful acceptance of an 837 claims file by DIVISION.

The request for start-up costs is optional and not required as part of the proposal application package.

If an applicant materially fails to comply with terms and conditions of the contract, the DIVISION may, as appropriate under the circumstances:

1. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by a provider.
2. Disallow all or part of the cost.
3. Restrict, suspend or terminate the contract.

In the event that the additional funds become available for similar services, the DEPARTMENT reserves the right to increase funding amounts.

Competition is encouraged among as many applicants as possible.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation.

1. The DIVISION will require accreditation by the Commission on Accreditation of Rehabilitation Facilities (“CARF”), Joint Commission on Accreditation of Healthcare Organizations (“JCAHO”), International Center for Clubhouse Development (“ICCD”), Council on Accreditation (“COA”), or by another, DIVISION approved, certification/licensing process. Applicants that are currently accredited are required to maintain accreditation. Applicants who are not accredited are required to achieve accreditation within one (1) year from the date of contract award.
2. Applicants shall have an administrative structure in place capable of supporting the activities required by the RFP. Specifically, there shall be clinical, financial, accounting and management information systems, and an organizational structure to support the activities of the applicant.
3. The applicant shall have a written plan for disaster preparedness.
4. The applicant shall cooperate with the DIVISION in approved research, training, and service projects provided that such projects do not substantially interfere with the applicant’s service requirements as outlined in this RFP.
5. The applicant shall comply with all specified, applicable existing policies, procedures, directives, and provider manual of the DIVISION and, any applicable policies, procedures, directives, and provider manual developed in the future.

6. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the DIVISION. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.
7. The applicant shall assign staff to attend provider meetings as scheduled by the DIVISION.
8. The applicant shall notify and obtain the approval of the DIVISION prior to the presentation of any report or statistical or analytical material based on information obtained through this agreement. Formal presentation shall include, but not be limited to papers, articles, professional publications, and presentations.

The applicant shall not advertise, distribute, or provide to any consumer, any material relating to the contract that has not been approved by the DIVISION. The applicant shall not change the material without the consent of the DIVISION. All Consumer satisfaction surveys and methodology must be reviewed and approved by the DIVISION prior to implementation.

9. Consumer Management Requirements:
 - a. Incorporate "best practices/evidence-based practices" in any Consumer service.

 "Best practices/evidence-based practices" are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for person with severe and persistent mental illness, have literature to support the practices, are supported by national consensus, and have a system for implementing and maintaining program integrity and conformance to professional standards. The DIVISION has developed fidelity scales based on best practices/evidence-based practices for some services. Applicants will be required to incorporate these into their service delivery and cooperate with educational and monitoring activities.
 - b. Documented evidence of consumer input into all aspects of recovery planning inclusive of service related decisions.
 - c. Consumers shall be served in the "least restrictive" environment as determined by the consumer's level of care assessment, as established in section 334-104, Hawaii Revised Statutes and in any appropriate federal guidelines.

- d. Consumers shall be made aware of and have access to community resources appropriate to their level of care and treatment needs.
- e. Consumers shall receive services in a manner compatible with their cultural health beliefs, practices and preferred language.
- f. In accordance with Chapter 11-175, Hawaii Administrative Rules, and any appropriate federal guidelines, the applicant shall respect and uphold consumer rights. The applicant shall recognize the rights of authority of the consumer in the delivery of services, in deciding on appropriate treatment and services and in providing input into the decisions of all aspects of service. The rights of the consumer are listed in Section 5, Attachment D.
- g. The applicant shall have a mechanism for receiving, documenting and responding to Consumer grievances, including an appeals process. The mechanism must be consistent with the DIVISION's Policies and Procedures on Consumer Grievances and Consumer Appeals which are found in Section 5, Attachment E.
- h. The applicant shall provide a written record of sentinel events, incidents, grievances, and appeals and efforts to address the situation and improve services on-site to the DIVISION's Quality Management Program.
- i. The applicant shall comply with any applicable Federal and State laws such as title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 C.F.R. part 80, the Age Discrimination Act 1975 as implemented by regulations at 45 C.F.R. part 91, the Rehabilitation Act of 1973, and titles II and III of the Americans with Disabilities Act.
- j. The applicant shall describe how it protects confidential information. The applicant shall not use or disclose patient health information (PHI) in any manner that is not in full compliance with HIPAA regulations or with the laws of the State of Hawaii. The applicant shall maintain safeguards, as necessary, to ensure that PHI is not used or disclosed except as provided by the Agreement or by law. The applicant shall not use or further disclose PHI for any purpose other than the specific purposes stated in DIVISION contracts or as provided by law and shall immediately report to DIVISION any use or disclosure of PHI that is not provided by contract or by law.
- k. The applicant shall maintain confidential records on each consumer pursuant to section 334-5, Hawaii Revised Statutes, 42

U.S.C. sections 290dd-3 and 290ee.3 and the implementing federal regulations, 42 C.F.R. Part 2, if applicable, and any other applicable confidentiality statute or rule. Such records shall be made available to the DIVISION upon request.

1. Written Consumer consent shall be obtained for individuals and services funded by the DIVISION including:

- 1) Consent for evaluation and treatment;
- 2) Consent to release information by DIVISION funded service providers as needed for continuity of care, including after care services;
- 3) Other consent documents as needed.

Consumer consent is not required for oversight activities of the DIVISION and its agents, and in the case of Medicaid Rehabilitation Option Services (“MRO”), the Centers for Medicare and Medicaid Services (“CMS”), Office of the Inspector General (“OIG”), the Med-QUEST Division (“MQD”) and their agents.

10. Financial Requirements

- a. The State may require providers to submit an audit as necessary. If the applicant expends \$500,000 or more in a year of federal funds from any source, it shall have a single audit conducted for that year in accordance with the Single Audit Act and Amendments of 1999, Public Law 104-156.
- b. The applicant shall comply with the COST PRINCIPLES developed for Chapter 103F, HRS and set forth in the document SOP-H-201. This form (SPO-H-201) is available on the SPO website (see the Competitive POS Application Checklist located in the Section 5 of this RFP).
- c. Eligibility and enrollment is determined through the assessment process by DIVISION assessors. Eligible Consumers are:
 - 1) At least 18 years old.
 - 2) Live in Hawaii
 - 3) Have severe and persistent mental illness, be in a state of crisis (short-term services), be victims of natural disasters

and terrorism, or court ordered for treatment by the
DIVISION.

d. Notification of Changes in Consumer Status.

As part of education conducted by the DIVISION, consumers shall be notified that they are to provide the applicant, through their case manager, with any information affecting their status. The case manager and/or consumers should report changes to their case manager and/or provider. The provider should complete the DIVISION UM Admission/Discharge/Update form and send it to UM. The DIVISION shall describe the information that is to be provided and explain the procedures to be followed through the DIVISION staff and in its printed material. The applicant shall also explain the information and the procedures to be followed by the consumers during the orientation process.

It is expected that not all consumers will remember to or be able to provide information on changes to their status. Therefore, it is important for the applicant to obtain and forward such information to the DIVISION on a timely basis and inform the consumer of his/her responsibility to report changes to their case manager.

The applicant shall notify each case manager and the DIVISION of changes in consumer status by calling or faxing the information to the DIVISION, Utilization Management unit within five (5) calendar days of discovery.

e. Changes in Consumer Status include:

- 1) Death of the Consumer
- 2) Change in address, including homelessness
- 3) Change in name
- 4) Change in phone number
- 5) Institutionalization (imprisonment or long term care)
- 6) Short term inpatient psychiatric treatment
- 7) Third Party Liability ("TPL") coverage, especially employer-sponsored, Medicare or Medicaid

f. Disenrollment from DIVISION

Consumers will be disenrolled if they are no longer living in Hawaii, refuse all services that are not court ordered, or are incarcerated.

- g. Third Party Liability means any individual, entity or Program that is or may be liable for all or part of the expenditures for furnished services. The DEPARTMENT must take all reasonable measures to identify legally liable third parties and treat verified TPLs as a resource of the consumer.

The applicant shall establish systems for eligibility determination, billing, and collecting from all eligible sources to maximize third party reimbursements and other sources of funding before using funds awarded by the DIVISION. The applicant shall bill the DIVISION only after exhausting the third party denial process, when the service is not a covered benefit or when the consumer is uninsured. The applicant shall maintain documentation of denials and of limits of benefit coverage and make these records available to the DIVISION upon request. The DIVISION is the payor of last resort and the applicant shall consider payment from third party sources as payment in full. An annual review and reconciliation of amounts collected from third party payors by the applicant will be conducted and, if needed, adjustments will be made within 90 days either crediting the DIVISION or providing payment to the applicant upon the receipt of a claim.

The Applicant shall:

- 1) Provide a list of service expenses, in the format requested by the DIVISION, for recovery purposes
- 2) Recover service expenses incurred by consumers from all other TPL resources
- 3) Inform the DIVISION of TPL information uncovered during the course of normal business operations
- 4) The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenues.

- h. Fraud and Abuse/Neglect

Through its compliance program, the applicant shall identify employees, subcontractors or providers who may be committing

fraud and/or abuse. The applicant activities may include, but are not limited to, monitoring the billings of its employees, subcontractors or providers to ensure consumers receive services for which the applicant and the State are billed; monitoring the time cards of employees that provide services to consumers under cost payment arrangements; investigating all reports of suspected fraud and over-billings (upcoding, unbundling, billing for services furnished by others, billing for services not performed, and other over-billing practices), reviewing for over- or under-utilization, verifying with consumers the delivery of services and claims, and reviewing and trending Consumer complaints regarding employees, subcontractors and providers.

The applicant shall promptly report in writing to the DIVISION instances in which suspected fraud has occurred within thirty (30) days of discovery. The applicant shall provide any evidence it has on the billing practices (unusual billing patterns, services not rendered as billed and same services billed differently and/or separately). If the billing has not been done appropriately and the applicant does not believe the inappropriate billing meets the definition of fraud (i.e., no intention to defraud), the applicant shall notify the DIVISION in writing of its findings, adjustments made to billings, and education and training provided to prevent future occurrences.

Any suspected case of physical, emotional or financial abuse or neglect of a Consumer who is a dependent adult must be reported by the applicant to Adult Protective Services, or of a child to Child Protective Services, and to the DIVISION immediately upon discovery.

- i. All reimbursements for services shall be subject to review by the DIVISION or its agent(s) for medical necessity and appropriateness, respectively. The DIVISION or its agents shall be provided access to medical records and documentation relevant to such a review and the applicant agrees to provide access to all requested medical records/documents. It is the responsibility of the applicant to ensure that its subcontractors and providers also provide DIVISION and its agents, and in the case of MRO services, the CMS, the OIG, the MQD and their agents, access to requested medical records/documents. Reimbursements for services deemed not medically necessary or not following billing guidelines by the DIVISION or its agent shall be denied. Reimbursements received by applicants for consumers with third party coverage (including consumers with Medicaid and/or Medicare) will be considered full payment (see Section

2.II.A.10.g.). Any DIVISION overpayments for services shall be recouped by the DIVISION from the applicant.

The DIVISION has final determination in what is considered a necessary, reimbursable service.

j. Medicaid

The MQD under the Department of Human Services (DHS) administers medical assistance to qualified, indigent, uninsured and underinsured. Aged, blind, and disabled recipients receive medical, dental, and behavioral health services under Medicaid Fee-for-Service from contracted providers. A large group of Medicaid eligible recipients receive medical and behavioral health services from contracted Medicaid Managed Care Health Plans under the QUEST and QUEST-Net programs. A small population of Medicaid Fee-for-Service, QUEST, and QUEST-Net recipients are enrolled in a behavioral health carve-out program for severely mentally ill adults. This behavioral health carve-out program is contracted by MQD. Some of the services provided to the individuals in the carve-out program are similar or identical to services provided by the DIVISION and consumers enrolled in this program shall receive services through them except for those services not included as a benefit of that program. Section 2.II.A.10.m. describes the MRO and how applicants providing certain services will participate.

- k. The applicant shall submit claims electronically in the HIPAA compliant 837 format unless a waiver permitting use of the CMS 1500 is granted from the DIVISION's Fiscal Unit. Claims shall be submitted for payment within sixty (60) days of the provision of services. Any invoices or requests for payment received after the sixty (60) days will be paid upon availability of funds. Claims for dates of service over one (1) year prior to submission of the original claim shall be denied for untimeliness.
- l. If the applicant is required to provide encounter data, the HIPAA compliant 837 format shall be utilized to submit that data electronically.
- m. The applicant shall make an application for certification by the DIVISION, as a provider under the MRO within one (1) month of contract award and receive certification within six (6) months of contract award for MRO services. Providers must maintain certification, and shall have a ninety (90) day period to take

corrective action. The DIVISION shall, on behalf of the DHS, certify providers to deliver services under the MRO.

- 1) MRO services are:
 - a) Assertive Community Treatment (ACT)
 - b) Intensive Case Management (ICM)
 - c) Psychosocial Rehabilitation Services (PSR)
 - d) Intensive Outpatient Hospital Services (Partial Hospitalization)
 - e) Therapeutic Living Supports Provided in a Mental Health and/or Substance Abuse Residential Setting (non-IMD) (Specialized Residential Services).
 - f) Licensed Crisis Residential Services (LCRS)
 - g) Crisis Mobile Outreach (CMO)
 - h) Crisis Support Management (CSM)
 - i) Respite Beds
 - j) Interim Housing
- 2) The DIVISION shall be responsible for:
 - a) Certification of Adult Medicaid Rehabilitation Option applicants and providers;
 - b) Utilization Management
 - c) Receipt and adjudication of claims;
 - d) Development and maintenance of a provider manual;
 - e) Monitoring appropriateness and quality of services and claims;
 - f) Paying providers for services; and
 - g) Returning federal share that is disallowed.

- 3) The DHS shall:
 - a) Set rates;
 - b) Pay federal match to the DIVISION; and
 - c) Conduct reviews of claims, encounters and other documentation.

Applicants for services listed as MRO services shall follow the MRO requirements for staffing and supervision found in Section 5, Attachment F.

11. The applicant shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.
12. Insurance Policies. In addition to the provisions of the General Conditions No. 1.4, the applicant, at its sole cost and expense, shall procure and maintain policies of professional liability insurance and other insurance necessary to insure the applicant and its employees against any claim or claims for damages arising by reason of personal injuries or death occasioned directly or indirectly in connection with the performance of this Agreement. Subcontractors and contractors shall also be bound by this requirement and it is the responsibility of the applicant to ensure compliance with this requirement. Policies shall not be less than ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and not less than THREE MILLION AND NO/100 DOLLARS (\$3,000,000.00) in the aggregate annually. The applicant shall name the State of Hawaii as an additional insured on all such policies, except on professional liability insurance coverage. The applicant shall provide certificates of insurance to the DIVISION for all policies required under this Agreement.

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.
There are no planned secondary purchases.

C. Multiple or alternate proposals
(Refer to §3-143-605, HAR)

☐ Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☐ Single☐ Multiple☒ Single & Multiple

Criteria for multiple awards:

The state needs the flexibility to award funding to more than one applicant. In the event that more than one applicant's proposal for a service meets the minimum requirements, the proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

1. Interest of the State to have a variety of providers in order to provide choices for consumers.
2. Interest of the State to have geographic accessibility.
3. Readiness to initiate or resume services.
4. Ability to maximize QUEST funding, if possible.
5. Proposed budget in relation to the proposed total number of service recipients.
6. If funded in the past by the DIVISION, ability of applicant to fully utilize funding.
7. Previous DIVISION contract compliance status (e.g. timely submittal of reports and corrective action plans).
8. Accreditation status.
9. Applicants past fiscal performance based on the DIVISION's fiscal monitoring.
10. Applicants past program performance, based on the DIVISION's program monitoring.

E. Single or Multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

☐ Single term (\leq 2 yrs)☒ Multi-term ($>$ 2 yrs.)Initial term of contract: 1 yearLength of each extension: 1 yearNumber of possible extensions: 3Maximum length of contract 4 years

The initial period shall commence on the contract start date or Notice to Proceed.

Conditions for extension: Option for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s) and availability of funds.

F. RFP Contact Person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact persons and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP. The contact person is Mr. Raymond Gagner. He can be reached at (808) 586-4688, email rlgagner@amhd.health.state.hi.us).

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The provider shall provide culturally appropriate outpatient treatment, and/or clubhouse services to severely and persistently mentally ill adults who live on the Waianae Coast on the island of Oahu. Services shall be provided by a community-based mental health provider. Program staff shall provide services in a warm, welcoming setting and manner; and respect, understand and provide services according to the cultural background and preferences of the individual. With the consumer's consent, the consumer's family and significant others shall be involved in an integral manner to develop and support their treatment and rehabilitation services.

An organization can apply to provide outpatient treatment **and/or** clubhouse services. An organization applying to provide outpatient treatment must provide all of the outpatient treatment services listed below.

1. Outpatient Treatment Services

The program shall:

- a. Provide standardized mental health assessments to consumers and potential consumers referred to the DIVISION for the purpose of eligibility determination. Referrals shall be taken only from the DIVISION's Access Center. Assessments shall include: risk assessment, bio-psychosocial assessment, alcohol and substance use and abuse assessments, multi-axial diagnoses, and level of care determination. Protocols and standards set by the DIVISION for eligibility determination shall be followed.
- b. Provide and complete an intake assessment for each consumer referred for outpatient treatment services. The assessment shall be completed through face-to-face contacts with each consumer and with the consumer's consent, significant others involved in each

consumer's treatment. The assessment shall be comprehensive and shall include, but not be limited to, each consumer's strengths, preferences, abilities, needs, and other current and historical data regarding the consumer's family, social support, medical status including psychiatric illness, substance abuse, legal, employment, education, abuse and neglect issues, and activities of daily living. Assessments shall be used to develop appropriate individualized treatment plans. "Assessment entails more than information gathering. It is the start of building a trusting, helping, healing relationship, the forging of an alliance upon which to build a plan that is responsive to the Consumer's and family's needs." (Yawn 2004 National Council News).

- c. Provide each consumer with a single, individualized, coordinated master recovery plan, referred to as an Individual Recovery Plan (IRP), that complies with the DIVISION standards for recovery planning. Refer to the AMHD Policy and Procedure 60.648 Recovery (Treatment) Planning in Section 5, Attachment G. There shall be documented evidence of each consumer's input into all aspects of their treatment planning, inclusive of service-related decisions.
 - 1) Through the IRP process, at a minimum, the community based case manager and psychiatrist are part of a team which includes other service providers, as appropriate, who work together with each consumer to set goals toward recovery. The IRP helps each member of the team know what the other members are doing to help the consumer. The IRP process is to assure coordination and consistency with changes related to consumer status or preferences. The IRP describes psycho-therapy, medication, clinical services, substance abuse treatment, if applicable, general health services, dental services, and living-support services. The IRP also addresses crises and shall include the preferences of the consumer and detail the steps to be taken by both the consumer and the specific members of the treatment team if a crisis occurs. Each consumer's IRP shall guide service delivery even if the consumer changes providers.
 - 2) The treatment team shall include, at a minimum, the consumer, the psychiatrist, and the community based case manager. The psychiatrist shall be in charge of the treatment team and have ultimate authority for all clinical decisions. The case manager shall be responsible for coordinating the development of, communication of the

IRP to all treatment and service providers, and monitoring the implementation of the IRP.

- d. Have a policy that emphasizes a welcoming, empathic and integrated approach to working with individuals with co-occurring substance and mental illness. Refer to the AMHD Policy and Procedure 60.639 Warm Welcoming Approach in Section 5, Attachment H.
- e. Provide outpatient treatment services that:
 - 1) Are provided to the consumer in outpatient clinic and community settings in combination with community based case management, or care coordination. Community based case management may be provided by staff of other organizations.
 - 2) Ensure that consumers with severe and persistent mental illness and substance abuse are provided with integrated treatment that combines interventions directed simultaneously to both conditions and utilizes behavioral (motivational) approaches to substance abuse treatment.
 - 3) Provide psycho-education to consumers either individually or in-group settings. These psycho-education services assist consumers in understanding and coping with their illness, following prescribed treatment protocols, and remaining medically compliant.
- f. Provide treatment services which include but are not limited to:
 - 1) Somatic Treatment - Services shall be provided by a licensed psychiatrist or Advanced Practice Registered Nurse in behavioral health with prescriptive authority to evaluate, prescribe, and monitor medications for the treatment of psychiatric disorders (“APRN-Rx”). Includes visits for the purpose of prescribing medication, as well as for medication refills or dosage regulation. Somatic treatment also includes medication review and administration services provided by a Registered Nurse (“RN”) under the supervision/order of a physician or APRN-Rx. Medication services do not include methadone maintenance or methadone detoxification.
 - 2) Individual Therapy – This service includes therapeutic interaction by a Qualified Mental Health Professional (“QMHP”) as defined in Section 5, Attachment F., to

address the Consumer's therapeutic goals by producing cognitive/behavioral change, improving decision-making, and/or reducing stress. Individual therapy may include education about management of a behavioral health and/or substance use disorder, including relapse prevention and recovery strategies.

- 3) Group Therapy – This service includes therapeutic interaction by a QMHP to address the consumer's therapeutic goals in a group of unrelated persons by providing emotional support, developing insight, producing cognitive/behavioral change, improving decision-making, and/or reducing stress. Group therapy may include education about management of a behavioral health and or substance use disorder, including relapse prevention and recovery strategies.
- 4) Family Therapy – This service includes therapeutic interaction by a QMHP to address the consumer's therapeutic goals in a group of consumer-defined family members by providing emotional support, developing insight, producing cognitive/behavioral change, improving decision-making, and/or reducing stress. Family therapy may include education about management of behavioral health and or substance use disorder, including relapse prevention and recovery strategies. This service may be provided to multiple families.

- g. Provide care coordination which is a recovery maintenance and health management service. Consumers require care coordination when they are receiving at least one other service arranged for or provided by the DIVISION. Case management services are not routinely needed or provided due to the consumer's ability to access needed services or due to stable and natural supports that serve as case managers for the consumer in the community. Care coordination is normally provided by any professional (psychiatrist, social worker, psychologist, RN, APRN, marriage and family therapist) member of the clinic staff who has a face-to-face contact with the consumer at least once every three (3) months. A mental health worker or mental health professional who meets the educational and experience requirements as defined in Section 5, Attachments F and I. and who is under the supervision of a QMHP may also provide care coordination services. This service assures that each consumer continues to have an IRP, is accessing needed services, and is maintaining current level of

functioning in the community while receiving clinic or other service(s) arranged for or provided by the DIVISION.

- h. Provide psychiatric crisis emergency telephone/walk-in/urgent care during normal business hours, including immediate assessment, intervention and disposition.
- i. Provide Peer Support Services by a DIVISION certified peer specialist. Peer specialists serve as a recovery agent; provide consumer information and peer support for consumers in the organization's programs; perform a wide range of tasks to assist consumers in regaining control over their own lives and over their own self-directed recovery; and role model competency in recovery and ongoing coping skills. Peer support includes, but is not limited to, assisting the interdisciplinary team by serving as a role model and advocating for recovery-enhancing approaches; assisting consumers in articulating personal goals for recovery; actively participating in the recovery planning process with the consumer; working with consumers individually and in groups which includes assisting consumers with the development of their Wellness Recovery Action Plans (WRAP); developing personalized skills, etc.; welcoming and orienting the consumer to services; and facilitating self-help groups.
- j. Provide a forensic coordinator to implement, manage, track, and provide clinical oversight, consultation and direct services, including sanity examinations, risk assessments which includes the HCR-20 to individuals with severe and persistent mental illness ("SPMI") and who are involved with the criminal justice system.
- k. Provide a mental illness/substance abuse ("MI/SA") coordinator to plan, develop, and provide services to individuals with severe and persistent mental illness and co-occurring substance use disorders and to provide consultation and clinical oversight over the provision of MI/SA services provided by the outpatient treatment program in accordance with all applicable requirements.
- l. The outpatient clinic services shall, at a minimum, follow the State business hours which are Monday to Friday, 7:45 AM-4:30 PM, excluding state holidays.

2. **Clubhouse Services**

The program shall:

- a. Provide a Clubhouse program which is a voluntary program whose participants are called members not patients or clients. Members' strengths and needs shall be emphasized rather than their mental illness, symptoms, or psychiatric history. The program shall rely on the talents, skills, and abilities of all its members in order to function. The program, under the direct supervision of a mental health professional, shall maintain adequate staff support to enable a safe, structured environment in which consumers can meet and provide mutual support. Program activities shall promote socialization, recovery, self-advocacy, development of natural supports, maintenance of community living skills and development of meaningful vocational opportunities.
 - 1) Clubhouse hours of operation shall be a minimum of five (5) days per week with recreation and social programs on evenings and weekends.
 - 2) Clubhouse services shall be available to all consumers eligible for DIVISION services who are authorized by DIVISION UM.
 - 3) Clubhouse services shall be coordinated with DIVISION and DIVISION-contracted service providers, including but not limited to:
 - a) Clubhouse representation on treatment team recovery planning meetings for all Clubhouse members; and
 - b) Development of working agreements between the Clubhouse and referring agencies for the appropriate sharing of consumer information for the purposes of referral, evaluation and planning for individual consumers.
 - 4) Clubhouse staffing shall meet the following standards:
 - a) The member to staff ratio shall be no greater than twenty (20) members to one (1) staff person.
 - b) Services shall be provided by individuals who have been trained and certified at an ICCD Clubhouse training site.
 - c) Staff shall have generalist roles. All staff shall share employment, housing, evening and weekend and unit responsibilities.

- d) Staff, under the direct supervision of a mental health professional as defined in Section 5, Attachment F., shall lead structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports and maintenance of community living skills.
 - e) Staff shall engage in employer outreach to develop transitional and supported employment opportunities for members.
 - f) Staff shall emphasize and build support and activities upon members' individual strengths, talents and abilities.
- 5) Clubhouse Membership
- a) Membership shall be open to anyone who meets the eligibility criteria for DIVISION services, unless that person poses a significant and current threat to the general safety of the Clubhouse community.
 - b) Consumers with co-occurring disorders of severe and persistent mental illness ("SPMI") and substance abuse or SPMI and developmental disabilities shall not be excluded due to a dual diagnosis.
 - c) Consumers who have a legal or forensic status shall not be excluded based solely on this status.
 - d) Membership shall be voluntary and without time limits.
 - e) At a minimum, outreach shall be conducted when a member misses more than two (2) scheduled days.
 - (f) Members, at their choice, shall be involved in the writing of all records reflecting their participation in the Clubhouse. All such records shall be signed by both members and staff.
 - (g) Attendance of each member participating shall be documented on a daily basis.

6) Clubhouse Relationships

- a) All Clubhouse meetings shall be open to both members and staff. There are no formal, member-only meetings or formal, staff-only meetings where program decisions and member issues are discussed.
- b) Consumers participating in the service at any given time shall be given the opportunity to participate in and make decisions about the activities that are conducted or services offered within the program, the scheduling of those activities and services, and other operational issues.

7) Clubhouse Space

- a) The service shall operate at an established site approved by the DIVISION for services. Adequate space, equipment, furnishings, supplies and other resources shall be provided in order that services can be provided effectively. The facility shall be clean and in good repair. If a facility vehicle is used to transport members, it shall be maintained according to safety and legal standards.
- b) The service may operate in the same building as other services; however, there shall be a distinct separation between these services in staffing, program description and physical space.
- c) All program space shall be member and staff accessible. There shall be no staff only or member only spaces.

8) Clubhouse Vocational Activities

- a) All work in the program shall be designed to help members regain self worth, purpose and confidence. It shall not be intended to be job specific training.
- b) The program shall be organized into one (1) or more work units, each of which shall have sufficient staff, members and meaningful work to sustain a full and engaging work-ordered day.

- c) The work-ordered day shall engage members and staff together, side-by-side, in the running of the clubhouse.
 - d) Transitional Employment, as outlined in the ICCD International Standards for Clubhouse Programs, shall be offered to all members.
 - e) Members shall be assisted in securing, sustaining, and upgrading independent employment.
 - f) Supported education shall be offered to all members to provide or link resources to help them attain their educational/vocational goals.
- 9) Clubhouse Governance and Administration
- a) The Clubhouse shall be certified and maintain certification, or if not certified, shall be actively seeking certification of the ICCD and shall adopt the ICCD's International Standards for Clubhouse Programs. Existing Clubhouses shall be certified within one (1) year of the start of the contract and new Clubhouses shall be certified within two (2) years of the start of the contract.
 - b) This service may operate as a free standing program or within a larger clinical or community human service provider agency.
 - c) Governing and advisory boards are important resources for community outreach to support the vocational, fund raising, legal, and other needs of Clubhouses. Freestanding Clubhouse programs shall have a governing board that represents the cultural diversity of the population of the community being served.
- b. Provide services in a manner consistent with the Comprehensive, Continuous, Integrated System of Care, in areas which apply to this service, as provided in Section 5, Attachment J and the Dual Diagnosis Philosophy and Treatment Guidelines as provided in Section 5, Attachment K.

B. Management Requirements
(Minimum and/or mandatory requirements)

1. Personnel

The PROVIDER's personnel requirements for staff providing outpatient treatment and Clubhouse services shall include, but are not limited to, the following:

- a. The outpatient treatment services shall be under the clinical supervision of a QMHP. The definition and role of the QMHP is found in Section 5, Attachment F.
- b. The outpatient treatment services shall be provided by the following:
 - 1) Psychiatrists who shall be board certified or board eligible, licensed to practice in the State of Hawaii and have a minimum of one (1) year of experience working with seriously mentally ill adults. If the psychiatrist is not on site during clinic hours, he/she shall be available by phone. A psychiatrist shall also be available twenty-four (24) hours per day, seven (7) days per week for psychiatric crises and emergencies. The provider shall provide their psychiatrist on-call roster to the DIVISION'S Access Center. The Access Center shall contact the psychiatrist on call for any crises or emergencies that the Access Center receives related to the provider's clients.
 - 2) When an APRN provides outpatient treatment services, he/she shall have prescriptive authority ("APRN-Rx"), be certified in mental health by the American Nurses Credentialing Center, be licensed to practice in the State of Hawaii, and have a minimum of three (3) years experience working with seriously mentally ill adults. If the APRN-Rx is not on site during clinic hours, he/she shall be available by phone twenty-four (24) hours per day, seven (7) days per week for psychiatric crises and emergencies. The provider shall provide their APRN-Rx's on-call roster to the DIVISION'S Access Center. The Access Center shall contact the APRN-Rx on call for any crises or emergencies that the Access Center receives related to the provider's clients.
 - 3) The Registered Nurses ("RN") shall be licensed to practice in the State of Hawaii and have a minimum of three (3)

years of experience in psychiatric and mental health nursing.

- 4) Individual, group and family therapy shall be provided by a QMHP as defined in Section 5, Attachment F.
- 5) Substance abuse treatment, including substance abuse assessments, individual, and group therapy, for those with co-occurring disorders may be provided by an individual who is a Hawaii State certified substance abuse counselor (“CSAC”) pursuant to Section 321-193(10), Hawaii Revised Statutes.
- 6) Care coordination may be provided by a mental health professional or mental health worker who meets the educational and experience requirements as defined in Section 5, Attachments F and I.
- 7) The Peer Specialist shall have, at a minimum, a high school diploma or a GED, have one (1) year in recovery, and be certified as a Peer Specialist by the DIVISION.
- 8) The Forensic Coordinator shall have successfully completed a course of study in an accredited university graduate program leading to a Doctorate in Psychology, shall be licensed to practice psychology in the State of Hawaii, and have three (3) years work experience in clinical psychology. Consideration of completion of forensic focused practicum and internship, or post-doctoral forensic fellowships may be substituted for the three (3) years work experience in clinical psychology.
- 9) The MI/SA Coordinator shall have a bachelor’s degree in a human services field of study, such as psychology, sociology, social welfare, social work, or other social science, obtained from an accredited college or university. He/she shall also be a Hawaii State certified substance abuse counselor (“CSAC”) pursuant to section 321-193(10), Hawaii Revised Statutes, and shall have three (3) years of experience serving consumers in a dual diagnosis treatment program. A QMHP with at least three (3) years of experience providing dual diagnosis treatment to individuals with co-occurring mental illness and substance abuse disorders may be substituted for CSAC certification.

c. The Clubhouse Program shall be under the supervision of a Mental

Health Professional as defined in Section 5, Attachment F.
Clubhouse services shall be provided by individuals who have been trained and certified at a Clubhouse training site.

- d. The applicant shall have a consistently applied, documented method for measuring staff competencies which include:
 - 1) Staff proficiency in treating individuals with a co-occurring substance use disorder using a DIVISION tool or a tool approved by the DIVISION.
 - 2) Staff competency in providing warm, empathic approaches in dealing with consumers using a DIVISION tool or a tool approved by the DIVISION.
 - 3) Staff competencies related to the requirements of the job and the needs of the persons served.
- e. The applicant shall submit position descriptions as a part of their response to the RFP for direct care and supervisory staff responsible for the delivery of services as indicated in Section 3.III.A. Position descriptions shall include the minimum qualifications, including experience for staff assigned to the service.
- f. The applicant shall submit an organization-wide and program-specific organization chart for direct care and supervisory staff as part of their response to the RFP. The program specific chart shall show the position of each staff and the line of responsibility including clinical and administrative supervision.
- g. The applicant shall ensure and document that all staff receive appropriate and regular clinical and administrative supervision at least once a month. Clinical supervision may utilize a combination of the following methods:
 - 1) Individual, side-by-side sessions
 - 2) Participation with staff in organizational staff meetings and regularly scheduled recovery planning meetings.
 - 3) Regular meetings, with individual staff to review their work with consumers, and assess clinical performance.
 - 4) For the MHP, MHW, RN and peer specialist in the

outpatient treatment services, the supervising QMHP shall document a minimum of three (3) supervisory sessions per month.

- h. The applicant shall ensure and document that its personnel receive appropriate education and training in techniques and modalities relevant to their service activity for the treatment and rehabilitation of individuals with mental illness, following the organization's policy and procedures.
- i. The applicant shall ensure that all of its personnel attend trainings sponsored or required by the DIVISION, as appropriate to the service(s) they are providing. Training shall include compliance with DIVISION requirements for fraud and abuse prevention.

2. Administrative

- a. Services shall be authorized by the DIVISION's utilization management process, by prior authorization or registration, and in accordance with the DIVISION's processes as outlined in current DIVISION policies and procedures and directives from the DIVISION Chief. It is the responsibility of each program to understand and follow these policies, procedures, and directives in order that reimbursement can be approved by the DIVISION. Authorization of services is not a guarantee of payment.
- b. The applicant shall accept all referrals deemed appropriate by the DIVISION's utilization management process. If the applicant is unable to meet the needs of the referral, the applicant shall work conjointly to find an alternate approach that will adequately meet the needs of the referred case.
- c. Each consumer's entire treatment team shares responsibility for coordination and continuity of the consumer's care, regardless of the service, setting, or provider. However, the case manager shall be responsible for coordinating the development of and monitoring the implementation of the IRP and shall act as the communications liaison between team members and service providers with respect to the IRP.
- d. All consumers shall be registered for services and have a record open within the DIVISION'S information system. When requested by the DIVISION, the applicant shall obtain and provide the information necessary to register, open and monitor services received. Applicants shall also report all required information when cases are closed or consumers transferred to another level of

care within one (1) working day of such action. All recipients shall be registered with the DIVISION and authorized for services as appropriate.

- e. The applicant shall cooperate with the coordination and the transition of services for newly enrolled consumers with the consumer's current DIVISION provider, Medicaid fee-for-service provider, Community Care Services ("CCS"), and/or a QUEST health plan, since many of the eligible consumers already have an established behavioral health care provider.

Individuals who are receiving services from the Child and Adolescent Mental Health Division ("CAMHD"), and will no longer be eligible for services age twenty-one (21) with CAMHD, will also need to be transitioned to the DIVISION, if determined to meet DIVISION eligibility criteria, or back to their QUEST health plan or Medicaid fee-for-service if they are determined to no longer meet DIVISION criteria for continued enrollment.

If the consumer is to be enrolled in the DIVISION from a QUEST health plan, CAMHD, fee-for-service program, or CCS, the disenrolling program and the applicant shall equally assist the consumer in the transition process.

- f. All providers shall submit a rate schedule which outlines charges made to consumers for service(s) rendered.

DIVISION consumers shall not be charged finance charges, co-payments for services or no-show fees. Consumers must be informed that they cannot be terminated by the applicant for non-payment of co-payments, finance charges, no-show fees, and non-covered services or for receipt of services from unauthorized applicant employees or providers.

- g. **Campaign contributions by State and County Contractors.**
Contractors are hereby notified of the applicability of Section 11-205.5, HRS, which states that campaign contributions are prohibited for specific State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body.

3. Quality assurance and evaluation specifications

- a. The purpose of quality management is to monitor, evaluate, and improve the results of the applicant's services in an ongoing manner. Quality care includes, but is not limited to:

- 1) Provision of services in a timely manner with reasonable waiting times;
 - 2) Provision of services in a manner which is sensitive to the cultural differences of consumers;
 - 3) Provision of services in a manner which is accessible for consumers;
 - 4) Opportunities for consumers to participate in decisions regarding their care;
 - 5) An emphasis on recovery;
 - 6) Appropriate use of services in the provision of care;
 - 7) Appropriate use of best practices and evidence-based practices;
 - 8) Appropriate documentation, in accordance with defined standards;
 - 9) Improved clinical outcomes and enhanced quality of life;
 - 10) Consumer satisfaction;
 - 11) User friendly grievance procedures which resolve issues in a timely manner; and
 - 12) Upholds consumer rights.
- b. The applicant's quality management program shall include at a minimum the content indicated in Section 3, II, C.
- c. The applicant shall participate in the DIVISION's continuing quality management program and activities as directed by the DIVISION. The applicant shall ensure that a staff member be available to participate in system-wide quality management meetings as scheduled by the DIVISION.
- d. The Quality Management reporting requirements provide:
- 1) Information on the activities and actions of the applicant's Quality Management and related programs; and

- 2) Performance measures.

The objectives of the performance measures are:

- 1) To standardize how the applicant specifies, calculates and reports information; and
- 2) To trend an applicant's performance over time and to identify areas with opportunities for improvement.

e. Required Quality Management Activities Reports

The applicant shall provide the following reports and information:

- 1) Annual consumer satisfaction survey report;
- 2) Written notification of any Quality Management Program (if written Program required) modifications;
- 3) Senior personnel changes, including professional staff/consultants, within thirty (30) calendar days of change;
- 4) Annual Quality Management Program evaluation, if written Quality Management Program required;
- 5) Written request for approval of any delegation of quality management activities to subcontractors and providers;
- 6) Written notification of lawsuits, license suspensions, and revocation to provide Medicaid or Medicare services, or other actions brought against the applicant, employees, subcontractors or providers as soon as possible, but no later than five (5) working days after the applicant is made aware of the event;
- 7) Notice to Utilization Management of consumer admission and discharge from services or change in level of care in writing within one (1) working day of such action;
- 8) Written notification of suspected fraud within thirty (30) calendar days of discovery, and of consumer abuse and neglect immediately upon discovery;

- 9) Report of the Quality Management activities conducted quarterly. At a minimum these reports shall include the following:
 - a) Number of cases selected for quality of care reviews and medical record documentation. Minimum data for each case selected for review shall include (1) sample of records reviewed, (2) findings, (3) actions taken, if applicable, and (4) progress toward meeting performance goals established by agency Quality Management Committee;
 - b) Aggregated report of any suspected consumer, employee, subcontractor, or provider fraud and the status of any investigations;
 - c) Participation with monitoring activities designated by the DIVISION;
 - d) Direct care staff and provider to consumer ratios;
 - e) Direct care staff and provider turnover rates;
 - f) A report on consumer grievances and appeals, including , at a minimum, the following data: (1) date of grievance or appeal; (2) date of service; (3) type of service; (4) Consumer name, age, diagnosis; and (5) date of resolution;
 - g) Sentinel events.

4. Output and performance/outcome measurements.

The applicant shall be required to meet ongoing informational needs of the DIVISION over the course of the contract period through the production of informational responses in both paper and computer format. The specific content of these requests cannot be readily specified in advance as the DIVISION is required to provide a variety of ad hoc reports to funding sources including the legislature and other branches of State government, as well as to national tracking and research groups, the Federal government, advocacy organizations, accreditation bodies, professional groups, stakeholder groups, and others. Regular requests for information to the applicant shall occur in the following areas, including consumer demographics, consumer needs, clinical and service information including encounter data, staffing and capacity patterns, risk management areas, consumer outcomes, regulatory compliance, organizational processes,

resource utilization, and billing and insurance areas. The DIVISION will work with the applicant over the contract period to streamline requests for information when those requests are regular and ongoing.

5. Experience

Experience providing service to the target population as defined in Section 2.1.C. is mandatory.

6. Coordination of Services

Refer to the Service Activities, Section 2, III.A.

7. Reporting requirements for program and fiscal data

- a. Reports shall be submitted in the format and by the due dates prescribed by the DIVISION.
- b. The required content and format of all reports shall be subject to ongoing review and modification by the DIVISION as needed.
- c. At the discretion of the DIVISION, providers may be required to submit reports in an approved electronic format, replacing some written reports.

8. Contract Compliance

The State performs periodic reviews, including validation studies, in order to ensure contract compliance. The State is authorized to impose financial penalties if the data is not provided timely and accurately.

The DIVISION reserves the right to request additional data, information and reports from the applicant, as needed, to comply with external requirements and for its own management purposes.

1) Timeliness of Data Submitted

All information, data, medical records, and reports shall be provided to the DIVISION by the specified written deadlines. The applicant shall be assessed a penalty of \$200.00 per day until the required information, data, medical records, and reports are received by the DIVISION. If the applicant will not be able to comply with the request, the applicant may ask for an extension in writing with an explanation to justify the extension. The DIVISION reserves the right to determine if an extension is acceptable and set a new date for submission.

The applicant, shall in turn, sanction its subcontractors and providers if the required information, data, medical records, and reports are not provided to the applicant within the timeframe established by the applicant.

2) Accuracy and Completeness

The information, data, medical records, and reports provided to the DIVISION shall be reasonably accurate and complete. Data and reports shall be mathematically correct and present accurate information. The applicant shall be notified within thirty (30) calendar days from the receipt date of the initial submission of any information, data, medical records, and reports that do not appear to be accurate and complete. The applicant shall be given thirty (30) calendar days to correct the errors or provide documentation to support the accuracy of the initial submission. If at the end of the thirty (30) calendar days the new submission continues to not be accurate or complete, a penalty will be assessed.

9. Pricing structure or pricing methodology to be used.

- a. The pricing structure is based on fixed unit of service rate for outpatient treatment services and clubhouse services. If a state purchasing agency is utilizing a fixed rate pricing structure for the RFP, the applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff).
- b. The pricing structure is based on cost reimbursement for the Certified Peer Specialist, forensic coordinator and the MI/SA coordinator. The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. For the Forensic Coordinator and the MI/SA Coordinator, only a portion of their time will be covered through cost reimbursement. Any direct service time is to be billed on the fixed unit of service rate

10. Units of Service and Unit Rate**Fee Schedule****Licensed Clinical Psychologist**

Procedure Code	Description	Fee
90801	Psychiatric Diagnostic Interview Examination	\$119.24
90804	Individual Psychotherapy (20-30 minutes)	53.24
90806	Individual Psychotherapy (45-50 minutes)	81.53
90846	Family Psychotherapy w/o patient	81.69
90847	Family Psychotherapy w patient	94.46
90849	Multiple Family Group Psychotherapy	28.98
90853	Group Psychotherapy	29.34
96100	Psychological testing *per hour	60.42

Licensed Clinical Social Worker/Licensed Marriage and Family Therapist

Procedure code	Description	Fee
90801	Psychiatric Diagnostic Interview Examination	\$89.43
90804	Individual Psychotherapy (20-30 minutes)	39.93
90806	Individual Psychotherapy (45-50 minutes)	61.15
90846	Family Psychotherapy w/o patient	61.27
90847	Family Psychotherapy w patient	70.85
90849	Multiple Family Group Psychotherapy	21.73
90853	Group Psychotherapy	22.00

Licensed Psychiatrist

Procedure code	Description	Fee
90801	Psychiatric Diagnostic Interview Examination	\$119.24
90804	Individual Psychotherapy (20-30 minutes)	53.24
90805	Individual Psychotherapy with E/M (20-30 minutes)	59.40
90806	Individual Psychotherapy (45-50 minutes)	81.53
90807	Individual Psychotherapy with E/M (45-50 minutes)	86.33
90846	Family Psychotherapy w/o patient	81.69
90847	Family Psychotherapy w patient	94.46
90849	Multiple Family Group Psychotherapy	28.98
90853	Group Psychotherapy	29.34
90862	Medication Management	44.49
90870	Electroconvulsive therapy **	81.06
90871	Electroconvulsive therapy **	118.25
99362	Joint Treatment Planning	97.17

Licensed Advance Practice Registered Nurse in Behavioral Health

Procedure code	Description	Fee
90801	Psychiatric Diagnostic Interview Examination	\$89.43
90804	Individual Psychotherapy (20-30 minutes)	39.93
90805	Individual Psychotherapy with E/M (20-30 minutes)	44.55

90806	Individual Psychotherapy (45-50 minutes)	61.15
90807	Individual Psychotherapy with E/M (45-50 minutes)	64.75
90846	Family Psychotherapy w/o patient	61.27
90847	Family Psychotherapy w patient	70.85
90849	Multiple Family Group Psychotherapy	21.73
90853	Group Psychotherapy	22.00
90862	Medication Management	33.37

Certified Substance Abuse Counselor ** *

Procedure code	Description	Fee
90801	Assessment/Diagnostic	\$42.00
90804	Individual Therapy (20-30 minutes)	20.00
90806	Individual Therapy (45-60 minutes)	40.00
90853	Group Therapy (60 minutes)	20.00

Clinic Services

Procedure Code	Description	Fee
90782	Therapeutic Injection	\$5.00

Care Coordination

Procedure Code	Description	Fee
T1016	Follow-up per 15 minutes	\$9.75

Clubhouse

Procedure Code	Description	Fee
H0036	Social Skills per 15 minutes	\$3.00
H0036-52	Social Recreation per 15 minutes	3.00
H2001-52	Pre-Vocational Rehabilitation per 15 minutes	3.00

*Psychological testing requires prior authorization.

** ECT services are limited to a hospital setting and must be pre-authorized by UM.

***Services are not covered if the consumer is in a facility or program where dual diagnosis services are inclusive in the facility's contract. Services are also not covered if the consumer is treated by another provider for a similar type service (i.e. depression and substance abuse/dependency where the provider have diagnosed and is actively treating both conditions).

11. Method of Compensation and Payment

Providers shall be compensated for outpatient and clubhouse services, in accordance with the Fees described above, upon monthly submission of claims identifying the services performed for DIVISION consumers.

Services of the Certified Peer Specialist, Forensics Coordinator and MI/SA Coordinator will be compensated in accordance with a budget approved by the DIVISION upon monthly submission of invoices for

services provided. The DIVISION shall make an advance payment of approximately one-twelfth (1/12) of the approved budget amount. After the first advance installment, invoices shall be accompanied by an expenditure report certifying expenditures actually incurred for Certified Peer Specialist, Forensic Coordinator, and MI/SA Coordinator services.

Section 2, I., F. describes provisions for an initial payment of up to \$2,000.00 for the purpose of setting up electronic billing systems.

IV. Facilities

The organization shall follow the Americans With Disabilities ACT for its facilities.

See Section 2, III.A.2.a.7) (Clubhouse).

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of Contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (See Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services. The description shall include references. The applicant shall include points of contact, addresses, e-mail addresses, and phone numbers. The State reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

Quality assurance shall include, but not be limited to, the following elements:

1. A written Quality Management Program description and outlined structure which includes the Quality Committee reporting structure, including Governing Board Involvement, voting composition, and a written process for goal and priority setting following standardized methodology and data collection, which is updated and signed annually.
2. The Quality Management Program must address consumer complaints, grievances, appeals, sentinel events and consumer satisfaction.
3. The Quality Management Program must have a system or policy that outlines how items are collected, tracked, reviewed, and analyzed (and reported to the DIVISION as appropriate).
4. The Quality Management Program Work Plan is established annually and selects goals and activities that are based on the annual program evaluation and are relevant to the DIVISION consumer and problem area under review, with designated timelines for the project and indicates department/persons responsible for carrying out the project(s) on the Work Plan.
5. Provision for the periodic measurement, reporting, and analysis of well-defined output, outcome measures and performance indicators of the delivery system, and an indication of how the applicant will use the results of these measurements for improvement of its delivery system.

6. A process of regular and systematic treatment record review, using established review criteria. A report summarizing findings is required. Additionally, the applicant shall develop a written plan of corrective action as indicated.
7. Provision of satisfaction surveys of consumers.
8. Assurance that a staff member be available to represent utilization and quality management issues at meetings scheduled by the DIVISION.
9. Provision of a utilization management system including, but not limited to the following: a) system and method of reviewing utilization; b) method of tracking authorization approvals; c) method of reviewing invoices against authorizations; d) consumer appeals process; e) annual evaluation of the applicant's utilization management plan; and, g) identification of the person in the organization who is primarily responsible for the implementation of the utilization management plan.
10. A policy and procedure for consumer complaints, grievances and appeals which includes documentation of actions taken, and demonstration of system improvement.
11. Assurance that the applicant has established and will maintain and regularly update the following QM policies and procedures:
 - a. Consumer complaints, grievances and appeals
 - b. Consumer Safety
 - c. Consumer Satisfaction
 - d. Disaster preparedness
 - e. Emergency Evacuation
 - f. Evidence Based Practice Guidelines
 - g. LOCUS/Level of Care Placement
 - h. Compliance
 - i. Consumer Rights and Orientation
 - j. Confidentiality/HIPAA
 - k. Treatment Records

- l. Individualized Service Plans
 - m. Transition of consumers to other programs
 - n. Treatment Team
 - o. Use of Restraints
 - p. Restricting Consumer Rights
 - q. Credentialing Staff
12. A training plan and staff handbook/personnel manual for staff that are responsible for delivery of services. Training shall include, but not be limited to: Substance Abuse, Forensics, Sentinel Events, Risk Management, Compliance, HIPAA Compliance, Consumer Rights, Treatment Planning, and Access and Treatment for Non-English Speaking Consumers.
 13. A consumer handbook/brochure(s) that outline services available to the consumer, hours of operations, contact information (phone numbers, and instructions on emergency services), is written at a 6th grade reading level, provides an overview and the applicant's approach to care, and clearly outlines any major program rules that could lead to discharge from services offered by the organization.
 14. A description of the steps that the applicant will take to comply with all of the DIVISION'S reporting requirements as specified in Section 2. III. B. 2., 4., and 7. The applicant shall also indicate how it will use the information in the report to improve its services.
 15. Where there is an intention to subcontract, the applicant must demonstrate that services provided by the subcontractor are consistent with all applicable requirements specified in Section 2 including, but not limited to, compliance with reporting requirements. The applicant must describe the monitoring it will perform to ensure subcontractors are compliant with the DIVISION requirements.
 16. For applicants whose annual contract or estimated reimbursements will be less than \$100,000.00 or whose staff number five (5) or less, a modified Quality Management and Utilization Management Plan are acceptable with prior approval from the DIVISION. A modified quality and utilization management system shall include the following:
 - a. A method for tracking authorizations.

- b. A method for assuring that consumers are informed of their rights, including the right to file a complaint, grievance, or appeal a service delivery decision.
 - c. A method of documenting goals and service activity as they relate to the Individual Service Plan developed by the DIVISION designated case manager and consumer.
 - d. Consumer involvement in service planning.
 - e. Statement that the applicant will participate in the use of outcome instruments at the discretion of the DIVISION.
 - f. Identification of fiscal and program contact person.
17. For services described in this RFP, a statement that the applicant shall participate with the DIVISION'S quality and utilization management process including, but not limited to, case reviews, specific data gathering and reporting, peer review, concurrent review, site visitation, special studies, monitoring, credentialing, and training.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate or plan to coordinate services with other agencies and resources in the community, if required in the RFP.

Demonstration or plan of the applicant's coordination efforts shall include, but not be limited to, the following:

- 1. A history of the applicant's cooperative efforts with other providers of mental health services.
- 2. Memorandum of agreements with other agencies (if required in the RFP).
- 3. Applicant's current efforts to coordinate with the DIVISION, CENTERS, HOSPITAL, and other POS providers, and where there is no current coordination, the applicant's plans to do so.

E. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet

ADA requirements, as applicable and special equipment that may be required for the services.

F. Management Information System (MIS) Requirements

The applicant shall submit a description of its current management information system (MIS) and plans for the future. The description shall include, but not be limited to, the following:

1. A statement about whether the applicant is a covered entity as defined by HIPAA. A statement that the applicant will comply with all HIPAA privacy, security and transactional code set requirements.
2. An explanation of how the applicant currently manages information in order to submit required information and data in the format prescribed by the DIVISION. Required data elements captured in the provider system and reported to the DIVISION may include, but are not limited to: consumer's last name, first name, middle name, any aliases, social security number, DIVISION-generated unique ID number, DIVISION-generated authorization number(s), Medicaid ID#, medicare ID#, other third party insurer #'s, address, telephone number, admission date, discharge date, service data using DIVISION approved procedure codes, date of birth, and gender, primary language spoken.
3. The DIVISION may add data reporting requirements or specify required formats for downloading data or submitting claims in the future. Applicants are encouraged to describe their flexibility in meeting changing data requirements.
4. For any Fixed Unit of Service Rate contracts, a statement that the applicant shall submit claims electronically in the 837 format.
5. Where infrastructure is lacking to meet MIS requirement, applicants shall propose solutions and include the proportion of cost related to this contract in their response to the RFP.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.) The applicant shall give the number and

title of the positions needed to provide the specific service activities. Positions descriptions shall also be submitted.

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the personnel requirements in the Service Specifications, as applicable.) The applicant shall describe in this section of its proposal how it will ensure its compliance with the personnel requirements, which includes, but not limited to, licensure, educational degrees, and experience for staff assigned to the program.

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

IV. Service Delivery

A. Scope of Work

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2.III. - Scope of Work, including (if indicated) a work plan of all service activities to be completed, related work assignments/responsibilities, and timelines/schedules. The applicant’s description of its service delivery system shall include, but not be limited to, the following:

1. A detailed description of each service described below, which the applicant is proposing to provide including hours of operation and qualifications of staff providing the service. Service descriptions also address the services provided to the consumers who may have a co-occurring substance abuse disorder.

- a. Outpatient Treatment Services

- 1) Eligibility Assessments
- 2) Assessment and Treatment Planning
- 3) Somatic, individual, group and family therapies
- 4) Care Coordination
- 5) Crisis emergency telephone/walk in/urgent care
- 6) Peer support services
- 7) MI/SA Coordination
- 8) Forensic Coordination

b. Clubhouse Services

2. A clear description of the services for consumers from point of entry to discharge, aftercare and follow-up. The description must be consistent with the scope of work found in Section 2.III.A. and with the personnel requirements in Section 2.III.B.1. Services proposed to be subcontracted out must be included in this description.
3. A clear description of the target population to be served.
4. A reasonable estimate of the number of consumers it could serve and, where applicable, an indication of its total capacity (e.g. total beds available), and the number of units it will provide.
5. A description of the methods the applicant will use to determine when treatment goals are accomplished and when to terminate services.
6. A description of the accessibility of services for the target population, and a description of impediments to services and efforts to overcome barriers.
7. A statement that the applicant shall not refuse a referral, and that it shall not have an exclusionary policy that is inconsistent with the DIVISION'S guidelines.
8. An indication of the "best practices/evidence-based practices" the applicant incorporates and a citation of the literature to support its "best practices/evidence-based practices". A description of the system it uses to implement and maintain its "best practice/evidence-based practices" program integrity.

9. Where applicable, demonstration that the applicant is capable of providing twenty-four (24) hour coverage for services.
10. For services with twenty-four (24) hour, seven (7) days a week coverage, description of how the applicant's on-call system works, i.e., methodology relative to applicant's answering service. Specifically describe how consumers access applicant's service and staff availability.
11. Where the service is housing, residential or day treatment / intensive outpatient hospital service, a weekly schedule that can be individualized to consumers and consistent with the requirements of the scope of services described in Section 2.III.A.
12. A description by the applicant of the involvement of the consumer in the decisions regarding the services the consumer receives.
13. A statement by the applicant that it is ready, able, and willing to provide services throughout the time of the contract period.
14. A statement by the applicant that it has read and understands the Request for Proposal and will comply with the DIVISION requirements.

B. General Requirements

The applicant shall describe in this section of its proposal how it will comply with the general requirements specified in Section 2.II.

C. Administrative Requirements

The applicant shall describe in this section of its proposal how it will comply with the administrative requirements specified in Section 2.III.B.2.

V. Financial

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

The DIVISION is permitting the use of a fixed unit of service rate pricing structure for the Outpatient Treatment and Clubhouse Services, the applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and

staff). All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

- SPO-H-205 – Budget
- SPO-H-205A – Organization-Wide Budget by Source of Funds (special instructions are located in Section 5)
- SPO-H-206A – Budget Justification – Personnel: Salaries & Wages
- SPO-H-206B – Budget Justification – Personnel: Payroll Taxes, Assessments & Fringe Benefits
- SPO-H-206C – Budget Justification – Travel-Inter-Island
- SPO-H-206D – Budget Justification – Travel-Out of State
- SPO-H-206E – Budget Justification – Contractual Services - Administrative
- SPO-H-206F – Budget Justification – Contractual Services - Subcontracts
- SPO-H-206H – Budget Justification – Program Activities
- SPO-H-206I – Budget Justification – Equipment Purchases
- SPO-H-206J – Budget Justification – Motor Vehicle

The DIVISION is permitting the use of a cost reimbursement pricing structure for the Peer Specialist, MISA Coordinator and Forensic Coordinator. The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation. For the Forensic Coordinator and the MISA Coordinator, only a portion of their time will be covered through cost reimbursement. Any direct service time is to be billed on the fixed unit of service rate. All budget forms, instructions and samples are located on the SPO Website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

- SPO-H-205 – Budget
- SPO-H-205A – Organization-Wide Budget by Source of Funds (special instructions are located in Section 5)
- SPO-H-206A – Budget Justification – Personnel: Salaries & Wages
- SPO-H-206B – Budget Justification – Personnel: Payroll Taxes, Assessments & Fringe Benefits
- SPO-H-206C – Budget Justification – Travel-Inter-Island
- SPO-H-206D – Budget Justification – Travel-Out of State

- SPO-H-206E – Budget Justification – Contractual Services - Administrative
- SPO-H-206F – Budget Justification – Contractual Services - Subcontracts
- SPO-H-206H – Budget Justification – Program Activities
- SPO-H-206I – Budget Justification – Equipment Purchases
- SPO-H-206J – Budget Justification – Motor Vehicle

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- a. The applicant shall submit a cost allocation plan showing how costs are allocated across different funding sources.
 - b. Also, the applicant shall submit a copy of its most recent audited or compiled financial statements.
2. The applicant shall describe all eligible sources of revenue from third parties and plans to pursue additional sources of revenue and how the applicant will prevent billing more than one payer and submit overpayments to the DIVISION. The applicant may not bill other payers for services already paid for by the DIVISION or bill the DIVISION for services eligible for payment by another payer.
 3. The applicant shall describe its billing/claims process and how it ensures accurate and timely submission of billing/claims based on written documentation which supports the bill/claim, and how it processes adjustments, reconciles payment, and posts payment.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	
<i>Proposal Application</i>	100 Points
Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points
TOTAL POSSIBLE POINTS	100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. *Experience and Capability* **Total 20 Points**

Up to 10 points may be deducted from agencies who in the past demonstrated unsatisfactory performance.

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

a. **Necessary Skills** **(5 points)**

- 1) Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.
- 2) Demonstrate the ability to respond to consumer complaints, appeals and grievances including those brought to the attention of the DIVISION.

b. **Experience** **(2 points)**

- 1) Possesses the skills, abilities, knowledge of, and experience relating to the delivery of the proposed services including, but not limited, to previous and

current contract performance with the DIVISION and other agencies.

c. Quality Assurance and Evaluation (4 points)

Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.

- 1) The applicant has sufficiently described its quality improvement program which shall include the following:
 - a) Provision of a utilization management system.
 - b) Provision of a quality management program.
 - c) A policy and procedure for consumer complaints, grievances and appeals, documentation of actions taken, and demonstration of system improvement.
- 2) A training plan and staff handbook/personnel manual for staff that is responsible for the delivery of services. The plan includes the required trainings listed in Section 3.II.C.12.
- 3) When there is an intention to subcontract, the applicant must demonstrate that the services meet all applicable requirements specified in Section 2, including but not limited to, compliance with reporting requirements. The applicant must adequately describe the monitoring it will perform to ensure subcontractor(s) are compliant with DIVISION requirements.

d. Coordination of Services (2 points)

Demonstrated capability to coordinate services with other agencies and resources in the community.

e. Facilities (2 points)

Adequacy of facilities relative to the proposed services.

f. Management Information Systems (MIS) (5 points)

- 1) Demonstrate that their management information system (MIS) shall include, but not be limited to, the following:
- 2) Relative to HIPAA requirements:
 - a) The applicant states whether they are a covered entity.
 - b) The applicant states they will comply with all HIPAA privacy, security, and transactional code set requirements. (No points if statement is absent or applicant cannot comply.)
- 3) Relative to current MIS:
 - a) Applicant is able to collect all required information.
 - b) Applicant currently able to collect some required information with a plan to upgrade the MIS to collect all information by the time the contract begins.
 - c) If applicant is not currently able to collect all required information and unable to do so in the future or no description of implementation plan to collect information, no points shall be applied to applicants that provide this response.
- 4) Relative to the applicant's infrastructure:
 - a) A clear statement that their MIS system is fully functional.
 - b) Inclusion of an implementation plan to create a fully functional MIS system by initiation of a contract.
- 5) In regards to flexibility, a statement that describes flexibility in adding data elements or reporting requirements is addressed in their information system.

- 6) Relative to claims: (applies to contracts based on Fixed Unit of Service Rate)
 - a) The applicant is currently able to produce either paper or electronic 837 file.
 - b) The applicant will be able to produce and electronic 837 file by the time that a contract is initiated.
 - c) The applicant is unable to produce an electronic 837 file but can produce CMS 1500 claims.
 - d) The applicant is unable to produce either an 837 or CMS 1500 now or in the future. (No points to a provider who will not be able to produce a compliant claim).

2. *Project Organization and Staffing* *Total 15 Points*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

a. *Staffing* *(10 points)*

- 1) Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services and complies with applicable DIVISION requirements.
- 2) Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program, comply with applicable DIVISION requirements.

b. *Project Organization* *(5 points)*

- 1) Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services, comply with applicable DIVISION requirements.

- 2) Organization charts: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.
- 3) Applicable submission of evidence that the applicant is licensed if licensure is required; and for all applicants, accreditation of the service(s) the applicant is applying for if it is an accreditable service.

3. *Service Delivery*

Total 55 Points

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the Proposal Application.

Evaluation criteria may include, but not be limited to, the following:

- a. A detailed description of each service that the applicant is proposing to provide including hours of operation and qualifications of staff providing the service. Service descriptions also address the services provided to the consumers who may have a co-occurring substance abuse disorder **(34 Points)**
- b. A detailed description of how a consumer is served from point of entry to discharge, aftercare and follow up which includes how the program determines when treatment goals are accomplished and when to move consumers throughout the various services in the program. **(10 points)**
- c. The description of the services shows how the program incorporates "best practices/evidence-based practices", has literature to support this, and has a system for implementing and maintaining best practice program integrity. **(2 points)**
- d. The applicant has demonstrated twenty-four (24) hour per day coverage for services where required. **(2 points)**
- e. The description by the applicant demonstrates consumer involvement in decisions regarding the services the consumer receives. **(2 points)**
- f. A statement by the applicant that is has read the Request for Proposal and will comply with DIVISION requirements.

(5 points)**4. Financial****Total 10 Points**

- a. Pricing structure based on fixed unit of service rate for Outpatient treatment and clubhouse services.
 - 1) Applicants proposal budget is reasonable, given program resources and operational capacity.
 - 2) A cost allocation plan clearly describing the allocation of funds across different funding sources.
 - 3) The submission of a copy of the most recent audit report or compiled financial statement.
 - 4) Adequacy of accounting system.
 - 5) An indication of the third party reimbursements the applicant is eligible to receive and of the plans the applicant has made or is making to obtain as many third party reimbursements as possible without collecting payment from more than one payer.
- b. Pricing structure based on cost reimbursement for the Certified Peer Specialist, MI/SA Coordinator, and Forensic Coordinator. The cost of the MI/SA Coordinator and Forensic Coordinator does not include their direct service time which is billable under the fixed unit of service.
 - 1) Personnel costs are reasonable and comparable to positions in the community.
 - 2) Non-personnel costs are reasonable and adequately justified.
 - 3) The budget supports the scope of service and requirements of the Request for Proposal.
 - 4) A cost allocation plan clearly describes the allocation of funds across different funding sources.
 - 5) The submission of a copy of the most recent audit report or compiled financial statement.
 - 6) Adequacy of accounting system.

- 7) An indication of the third party reimbursements the applicant is eligible to receive and of the plans the applicant has made or is making to obtain as many third party reimbursements as possible without collecting payment from more than one payer.

c. Eligible Sources of revenue

Description of all eligible sources of revenue from third parties and plans to pursue additional sources or revenue.

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

Attachment A.	Competitive Proposal Application Checklist
Attachment B.	Sample Proposal Table of Contents
Attachment C.	Draft Special Conditions
Attachment D.	Consumer Rights
Attachment E.	Division P&P Regarding Consumer Grievances Division P&P Regarding Consumer Appeals
Attachment F.	QMHP and Supervision
Attachment G.	Division P&P Regarding Recovery (Treatment) Planning
Attachment H.	Division P&P Regarding Warm, Welcoming Approach
Attachment I.	Definitions for Mental Health Workers
Attachment J.	Comprehensive, Continuous, Integrated Systems of Care Model by Kenneth Minkoff, M.D.
Attachment K.	Dual Diagnosis Philosophy and Treatment Guidelines
Attachment L.	Certifications
Attachment M.	Form SPO-H-205A Instructions

ELECTRONIC VERSIONS OF THESE ATTACHMENTS MAY BE FOUND AT
THE STATE PROCUREMENT OFFICE WEBSITE:

<http://www4.hawaii.gov/spoh/rfps.htm>